



## **HIV/STD and Sex Education in Michigan Schools Informational Packet on the Laws**

Enrolled Senate Bill No. 943 (4 pages)

Enrolled House Bill No. 5478 (3 pages)

2004 Comparison of Previous and Current Laws (8 pages)

A Summary of Legal Obligations and Best Practices (5 pages)

State Board of Education Policy to Promote Health and Prevent  
Disease and Pregnancy (6 pages)

Act No. 165  
Public Acts of 2004  
Approved by the Governor  
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**STATE OF MICHIGAN  
92ND LEGISLATURE  
REGULAR SESSION OF 2004**

Introduced by Senators Kuipers, Hardiman, Basham, Van Woerkom, Sanborn, Cropsey, Bishop, Goschka, Allen, Brown, Stamas, McManus, Birkholz and Barcia

## **ENROLLED SENATE BILL No. 943**

AN ACT to amend 1976 PA 451, entitled "An act to provide a system of public instruction and elementary and secondary schools; to revise, consolidate, and clarify the laws relating to elementary and secondary education; to provide for the organization, regulation, and maintenance of schools, school districts, public school academies, intermediate school districts, and other public school entities; to prescribe rights, powers, duties, and privileges of schools, school districts, public school academies, intermediate school districts, and other public school entities; to provide for the regulation of school teachers and certain other school employees; to provide for school elections and to prescribe powers and duties with respect thereto; to provide for the levy and collection of taxes; to provide for the borrowing of money and issuance of bonds and other evidences of indebtedness; to establish a fund and provide for expenditures from that fund; to provide for and prescribe the powers and duties of certain state departments, the state board of education, and certain other boards and officials; to provide for licensure of boarding schools; to prescribe penalties; and to repeal acts and parts of acts," by amending sections 1169 and 1507 (MCL 380.1169 and 380.1507), as amended by 1993 PA 335, and by adding section 1507b.

The People of the State of Michigan enact:

Sec. 1169. (1) The principal modes by which dangerous communicable diseases, including, but not limited to, human immunodeficiency virus infection and acquired immunodeficiency syndrome, are spread and the best methods for the restriction and prevention of these diseases shall be taught in every public school in this state. Subject to subsection (3) and section 1507b, the teaching under this section shall stress that abstinence from sex is a responsible and effective method for restriction and prevention of these diseases and is a positive lifestyle for unmarried young people.

(2) Except for licensed health care professionals who have received training on human immunodeficiency virus infection and acquired immunodeficiency syndrome, each person who teaches K to 12 pupils about human immunodeficiency virus infection and acquired immunodeficiency syndrome pursuant to subsection (1) shall have training in human immunodeficiency virus infection and acquired immunodeficiency syndrome education for young people. The superintendent of public instruction, in cooperation with the department of public health, shall train trainers to provide the teacher training required by this subsection and shall provide for the development and distribution to school districts of medically accurate material on the teaching of human immunodeficiency virus infection and acquired immunodeficiency syndrome to young people.

(3) The choice of curricula to be used for human immunodeficiency virus infection and acquired immunodeficiency syndrome education required to be taught under subsection (1) shall be approved by the appropriate school board and implemented in the school setting not later than October 1, 1990. Before adopting any revisions to the curriculum implemented under this section, including, but not limited to, revisions to provide for the teaching of abstinence from sex as a responsible method for restriction and prevention of disease, a school board shall hold at least 2 public hearings on the proposed revisions. The hearings shall be held at least 1 week apart and public notice of the hearings shall be given in the manner required under section 1201 for board meetings. A public hearing held pursuant to this section may be held in conjunction with a public hearing held pursuant to section 1507.

Sec. 1507. (1) The board of a school district may engage qualified instructors and provide facilities and equipment for instruction in sex education, including family planning, human sexuality, and the emotional, physical, psychological, hygienic, economic, and social aspects of family life. Instruction may also include the subjects of reproductive health and the recognition, prevention, and treatment of sexually transmitted disease. Subject to subsection (7) and section 1507b, the instruction described in this subsection shall stress that abstinence from sex is a responsible and effective method of preventing unplanned or out-of-wedlock pregnancy and sexually transmitted disease and is a positive lifestyle for unmarried young people.

(2) The class described in subsection (1) shall be elective and not a requirement for graduation.

(3) A pupil shall not be enrolled in a class in which the subjects of family planning or reproductive health are discussed unless the pupil's parent or guardian is notified in advance of the course and the content of the course, is given a prior opportunity to review the materials to be used in the course and is notified in advance of his or her right to have the pupil excused from the class. The state board shall determine the form and content of the notice required in this subsection.

(4) Upon the written request of a pupil or the pupil's parent or legal guardian, a pupil shall be excused, without penalty or loss of academic credit, from attending a class described in subsection (1).

(5) A school district that provides a class as permitted by subsection (1) shall offer the instruction by teachers qualified to teach health education. A school district shall not offer this instruction unless a sex education advisory board is established by the board of the school district. The board of a school district shall determine terms of service for the sex education advisory board, the number of members to serve on the advisory board, and a membership selection process that reasonably reflects the school district population, and shall appoint 2 co-chairs for the advisory board, at least 1 of whom is a parent of a child attending a school operated by the school district. At least 1/2 of the members of the sex education advisory board shall be parents who have a child attending a school operated by the school district, and a majority of these parent members shall be individuals who are not employed by a school district. The board of a school district shall include pupils of the school district, educators, local clergy, and community health professionals on the sex education advisory board. Written or electronic notice of a sex education advisory board meeting shall be sent to each member at least 2 weeks before the date of the meeting. The advisory board shall do all of the following:

(a) Establish program goals and objectives for pupil knowledge and skills that are likely to reduce the rates of sex, pregnancy, and sexually transmitted diseases. This subdivision does not prohibit a school district from establishing additional program goals and objectives that are not contrary to this section, section 1169, or section 1507b.

(b) Review the materials and methods of instruction used and make recommendations to the board of the school district for implementation. The advisory board shall take into consideration the school district's needs, demographics, and trends, including, but not limited to, teenage pregnancy rates, sexually transmitted disease rates, and incidents of student sexual violence and harassment.

(c) At least once every 2 years, evaluate, measure, and report the attainment of program goals and objectives established under subdivision (a). The board of a school district shall make the resulting report available to parents in the school district.

(6) Before adopting any revisions in the materials or methods used in instruction under this section, including, but not limited to, revisions to provide for the teaching of abstinence from sex as a method of preventing unplanned or out-of-wedlock pregnancy and sexually transmitted disease, the board of a school district shall hold at least 2 public hearings on the proposed revisions. The hearings shall be held at least 1 week apart and public notice of the hearings shall be given in the manner required under section 1201 for board meetings. A public hearing held pursuant to this section may be held in conjunction with a public hearing held pursuant to section 1169.

(7) A person shall not dispense or otherwise distribute in a public school or on public school property a family planning drug or device.

(8) As used in this section, "family planning" means the use of a range of methods of fertility regulation to help individuals or couples avoid unplanned pregnancies; bring about wanted births; regulate the intervals between pregnancies; and plan the time at which births occur in relation to the age of parents. It may include the study of

fetology. It may include marital and genetic information. Clinical abortion shall not be considered a method of family planning, nor shall abortion be taught as a method of reproductive health.

(9) As used in this section and sections 1506 and 1507a:

(a) "Class" means an instructional period of limited duration within a course of instruction and includes an assembly or small group presentation.

(b) "Course" means a series of classes linked by a common subject matter.

Sec. 1507b. (1) Instruction under section 1507 in sex education and instruction under section 1169 on human immunodeficiency virus infection and acquired immunodeficiency syndrome shall emphasize that abstinence from sex is a positive lifestyle for unmarried young people because abstinence is the only protection that is 100% effective against unplanned pregnancy, sexually transmitted disease, and sexually transmitted human immunodeficiency virus infection and acquired immunodeficiency syndrome.

(2) Material and instruction in the sex education curriculum under section 1507 that discusses sex shall be age-appropriate, shall not be medically inaccurate, and shall do at least all of the following:

(a) Discuss the benefits of abstaining from sex until marriage and the benefits of ceasing sex if a pupil is sexually active.

(b) Include a discussion of the possible emotional, economic, and legal consequences of sex.

(c) Stress that unplanned pregnancy and sexually transmitted diseases are serious possibilities of sex that are not fully preventable except by abstinence.

(d) Advise pupils of the laws pertaining to their responsibility as parents to children born in and out of wedlock.

(e) Ensure that pupils are not taught in a way that condones the violation of the laws of this state pertaining to sexual activity, including, but not limited to, sections 158, 335a, 338, 338a, 338b, and 520b to 520e of the Michigan penal code, 1931 PA 328, MCL 750.158, 750.335a, 750.338, 750.338a, 750.338b, and 750.520b to 750.520e.

(f) Teach pupils how to say "no" to sexual advances and that it is wrong to take advantage of, harass, or exploit another person sexually.

(g) Teach refusal skills and encourage pupils to resist pressure to engage in risky behavior.

(h) Teach that the pupil has the power to control personal behavior. Pupils shall be taught to base their actions on reasoning, self-discipline, a sense of responsibility, self-control, and ethical considerations such as respect for self and others.

(i) Provide instruction on healthy dating relationships and on how to set limits and recognize a dangerous environment.

(j) Provide information for pupils about how young parents can learn more about adoption services and about the provisions of the safe delivery of newborns law, chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.1 to 712.20.

(k) Include information clearly informing pupils that having sex or sexual contact with an individual under the age of 16 is a crime punishable by imprisonment and that 1 of the other results of being convicted of this crime is to be listed on the sex offender registry on the internet for up to 25 years.

(3) This section does not prohibit a public school from offering sex education with behavioral risk reduction strategies, as defined by law, that are not 100% effective against unplanned pregnancy, sexually transmitted disease, and sexually transmitted human immunodeficiency virus infection and acquired immunodeficiency syndrome.

This act is ordered to take immediate effect.

Secretary of the Senate

Clerk of the House of Representatives

Approved

Governor

Act No. 166  
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**STATE OF MICHIGAN  
92ND LEGISLATURE  
REGULAR SESSION OF 2004**

Introduced by Reps. Stahl, Hummel, Nitz, Vander Veen, Milosch, Huizenga, Pastor, Palmer, Hoogendyk, Drolet, Voorhees, Newell, Sheen, Hune, Palsrok and Kooiman

## **ENROLLED HOUSE BILL No. 5478**

AN ACT to amend 1979 PA 94, entitled "An act to make appropriations to aid in the support of the public schools and the intermediate school districts of the state; to make appropriations for certain other purposes relating to education; to provide for the disbursement of the appropriations; to supplement the school aid fund by the levy and collection of certain taxes; to authorize the issuance of certain bonds and provide for the security of those bonds; to prescribe the powers and duties of certain state departments, the state board of education, and certain other boards and officials; to create certain funds and provide for their expenditure; to prescribe penalties; and to repeal acts and parts of acts," by amending section 166a (MCL 388.1766a), as amended by 2003 PA 158.

The People of the State of Michigan enact:

Sec. 166a. (1) In order to avoid forfeiture of state aid under subsection (2), the board of a district or intermediate district providing reproductive health or other sex education instruction under section 1169, 1506, or 1507 of the revised school code, MCL 380.1169, 380.1506, and 380.1507, or under any other provision of law, shall ensure that all of the following are met:

(a) That the district or intermediate district does not provide any of the instruction to a pupil who is less than 18 years of age unless the district or intermediate district notifies the pupil's parent or legal guardian in advance of the instruction and the content of the instruction, gives the pupil's parent or legal guardian a prior opportunity to review the materials to be used in the instruction, allows the pupil's parent or legal guardian to observe the instruction, and notifies the pupil's parent or legal guardian in advance of his or her rights to observe the instruction and to have the pupil excused from the instruction.

(b) That, upon the written request of a pupil's parent or legal guardian or of a pupil if the pupil is at least age 18, the pupil shall be excused, without penalty or loss of academic credit, from attending class sessions in which the instruction is provided.

(c) That the sex education instruction includes age-appropriate information clearly informing pupils at 1 or more age-appropriate grade levels that having sex or sexual contact with an individual under the age of 16 is a crime punishable by imprisonment, and that 1 of the other results of being convicted of this crime is to be listed on the sex offender registry on the internet for up to 25 years.

(2) If a parent or legal guardian of a pupil enrolled in a district or intermediate district believes that the district or intermediate district has violated this section or section 1169, 1506, or 1507 of the revised school code, MCL 380.1169, 380.1506, and 380.1507, he or she may file a complaint with the superintendent or chief administrator of the district or intermediate district in which the pupil is enrolled. Upon receipt of the complaint, the superintendent or chief administrator of the district or intermediate district shall investigate the complaint and, within 30 days after the date of the complaint, provide a written report of his or her findings to the parent or legal guardian who filed the complaint and to the superintendent of public instruction. If the investigation reveals that 1 or more violations have occurred, the

written report shall contain a description of each violation and of corrective action the district or intermediate district will take to correct the situation to ensure that there is no further violation. The district or intermediate district shall take the corrective action described in the written report within 30 days after the date of the written report.

(3) If a parent who has filed a complaint with a district under subsection (2) believes that the district is still not in compliance with law based on the findings made by the superintendent or chief administrator of the district, the parent may appeal the findings to the intermediate district in which the district is located. If there is an appeal to an intermediate district under this subsection, the intermediate superintendent of the intermediate district shall investigate the complaint and, within 30 days after the date of the appeal, provide a written report of his or her findings to the parent or legal guardian who filed the appeal and to the superintendent of public instruction. If the investigation by the intermediate superintendent reveals that 1 or more violations have occurred, the intermediate superintendent in consultation with the local district shall develop a plan for corrective action for the district to take to correct the situation to ensure that there is no further violation, and shall include this plan for corrective action with the written report provided to the parent or legal guardian and the superintendent of public instruction. The district shall take the corrective action described in the plan within 30 days after the date of the written report.

(4) If a parent who has filed a complaint with an intermediate district under subsection (2) or a parent who has filed an appeal with an intermediate district under subsection (3) believes that the district or intermediate district is still not in compliance with law based on the findings made by the intermediate superintendent of the intermediate district, the parent may appeal the findings to the department. If there is an appeal to the department under this subsection, the department shall investigate the complaint and, within 90 days after the date of the appeal, provide a written report of its findings to the parent or legal guardian who filed the appeal, to the superintendent of public instruction, and to the district and intermediate district. If the department finds 1 or more violations as a result of its investigation, then all of the following apply:

(a) The department shall develop a plan for corrective action for the district or intermediate district to take to correct the situation to ensure that there is no further violation, and shall include this plan for corrective action with the written report provided to the parent or legal guardian, the superintendent of public instruction, and the district or intermediate district. The district or intermediate district shall take the corrective action described in the plan within 30 days after the date of the written report.

(b) In addition to withholding the percentage of state school aid forfeited by the district or intermediate district under subsection (5), the department may assess a fee to the district or intermediate district that committed the violation in an amount not to exceed the actual cost to the department of conducting the investigation and making the reports required under this subsection.

(5) If an investigation conducted by the department under subsection (4) reveals that a district or intermediate district has committed 1 or more violations of this section or section 1169, 1506, or 1507 of the revised school code, MCL 380.1169, 380.1506, and 380.1507, the district or intermediate district shall forfeit an amount equal to 1% of its total state school aid allocation under this act.

(6) The department, with the approval of the superintendent of public instruction, shall establish a reasonable process for a complainant to appeal to the department under subsection (4). The process shall not place an undue burden on the complainant, the district or intermediate district, or the department.

(7) The department shall track the number of complaints and appeals it receives under this section for the 2004-2005 school year and, not later than the end of that school year, shall submit a report to the standing committees and appropriations subcommittees of the legislature having jurisdiction over education legislation and state school aid that details the number and nature of those complaints and appeals and the cost to the department of handling them.

Enacting section 1. This amendatory act does not take effect unless Senate Bill No. 943 of the 92nd Legislature is enacted into law.

This act is ordered to take immediate effect.

Clerk of the House of Representatives

Secretary of the Senate

Approved

Governor

# HIV/STD and Sex Education in Michigan Public Schools

## 2004 Comparison of Previous and Current Laws



This chart was developed to help educators identify those components of the law that changed as a result of Public Acts 165 and 166 of 2004, effective 6/04. Relevant sections of the law are cited.

<b>Topics</b>	<b>Past</b> Prior to PA 165 & 166	<b>Current</b> Including PA 165 & 166
<b>Mandated HIV and Allowed Sex Education</b>	<p>“The principal modes by which dangerous communicable diseases, including, but not limited to, human immunodeficiency virus infection and acquired immunodeficiency syndrome, are spread and the best methods for the restriction and prevention of these diseases shall be taught in every public school in this state.” (§380.1169.1)</p> <p>“The board of a school district may engage qualified instructors and provide facilities and equipment for instruction in sex education....” (§380.1507.1)</p>	The current law did not change the requirement for HIV/AIDS instruction and the allowance for sex education instruction.
<b>Parental Rights and Exclusion From Instruction</b>	<p>“A pupil shall not be enrolled in a class in which the subjects of family planning or reproductive health are discussed unless the pupil's parent or guardian is notified in advance of the course and the content of the course, is given a prior opportunity to review the materials to be used in the course and is notified in advance of his or her right to have the pupil excused from the class.” Upon the written request of a pupil or the pupil's parent or legal guardian, a pupil shall be excused, without penalty or loss of academic credit, from attending a class described in subsection (1).” (§380.1507.3 &amp; 4)</p> <p>“If a parent or legal guardian of a pupil files with the public school in which the pupil is enrolled a continuing written notice that the pupil is to be excused from a class described in section 1507, the pupil shall not be enrolled in a class...unless the parent or legal guardian submits a written authorization for that enrollment.” (§380.1507a)</p>	No change is included in the new law.
<b>Sex Education Supervisor</b>	“A program of instruction in reproductive health shall be supervised by a registered physician, a registered nurse, or other person certified by the state as qualified.” (§380.1506.1)	No change is included in the new law.
<b>Advisory Board Chairs</b>	The law did not prescribe anything related to the chair of the advisory board.	“The board of a school district...shall appoint 2 co-chairs for the advisory board, at least 1 of whom is a parent of a child attending a school operated by the school district.” (§380.1507.5)
<b>Advisory</b>	The law did not prescribe how the advisory	“Written or electronic notice of a sex

<b>Topics</b>	<b>Past</b> Prior to PA 165 & 166	<b>Current</b> Including PA 165 & 166
<b>Meeting Notices</b>	board meetings were set.	education advisory board meeting shall be sent to each member at least 2 weeks before the date of the meeting.” (§380.1507.5)
<b>Advisory Board Membership</b>	<p>“A school district shall not offer this instruction [sex education] unless an advisory board is established by the district board...“The advisory board shall consist of parents having children attending the district’s schools, pupils in the district’s schools, educators, local clergy, and community health professionals.” (§380.1507.5)</p> <p>The numbers required for each member group are not designated.</p>	<p>“A school district shall not offer this instruction [sex education] unless a sex education advisory board is established by the board.... The board of a school district shall determine terms of service for the sex education advisory board, the number of members to serve on the advisory board, and a membership selection process that reasonably reflects the school district population...”</p> <p>“...At least ½ of the members of the...board shall be parents who have a child attending a school operated by the school district, and a majority of these parent members shall be individuals who are not employed by a school district. The board of a school district shall include pupils of the school district, educators, local clergy, and community health professionals on the sex education advisory board.” (§380.1507.5)</p>
<b>Advisory Board Role</b>	<p>“...to periodically review the materials and methods of instruction used, and to make recommendation to the district regarding changes in the materials or methods.” (§380.1507.5)</p>	<p>“Establish program goals and objectives for pupil knowledge and skills that are likely to reduce the rates of sex, pregnancy, and sexually transmitted diseases.”</p> <p>“Review the materials and methods of instruction used and make recommendations to the board of the school district for implementation. ...take into consideration the school district's needs, demographics, and trends, including, but not limited to, teenage pregnancy rates, sexually transmitted disease rates, and incidents of student sexual violence and harassment.”</p> <p>“At least once every 2 years, evaluate, measure, and report the attainment of program goals and objectives established under subdivision (a). ...make the resulting report available to parents in the school district.” (§380.1507.5, a, b, c)</p>
<b>Public Hearings and Notice of Hearings</b>	“Before adopting any revisions in the materials or methods used in instruction under this section, including, but not limited to, revisions to provide for the teaching of abstinence from sex as a method of	“Before adopting any revisions in the materials or methods used in instruction under this section, including, but not limited to, revisions to provide for the teaching of abstinence from sex as a method of
<b>Public Hearings and</b>	preventing unwanted pregnancy and sexually transmitted disease, the board of a school	preventing unplanned or out-of-wedlock pregnancy and sexually transmitted disease,

<b>Topics</b>	<b>Past</b> Prior to PA 165 & 166	<b>Current</b> Including PA 165 & 166
<b>Notice of Hearings (cont.)</b>	district shall hold at least 2 public hearings on the proposed revisions. The hearings shall be held at least 1 week apart and public notice of the hearings shall be given in the manner required under section 1201 for board meetings. A public hearing...may be held in conjunction with a public hearing held pursuant to section 1169.” (§380.1507.6)	the board of a school district shall hold at least 2 public hearings on the proposed revisions. The hearings shall be held at least 1 week apart and public notice of the hearings shall be given in the manner required under section 1201 for board meetings. A public hearing...may be held in conjunction with a public hearing held pursuant to section 1169.” (§380.1507.6)
<b>Teacher Training</b>	<p>“Except for licensed health care professionals who have received training on human immunodeficiency virus infection and acquired immunodeficiency syndrome, each person who teaches K to 12 pupils about human immunodeficiency virus infection and acquired immunodeficiency syndrome pursuant to subsection (1) shall have training in human immunodeficiency virus infection and acquired immunodeficiency syndrome education for young people.” (§380.1169.2)</p> <p>“A school district that provides a [sex education] class...shall offer the instruction by teachers qualified to teach health education.” (§380.1507.5)</p>	No change is included in the new law.
<b>Required Abstinence Messages</b>	<p>“...teaching under this section shall include the teaching of abstinence from sex as a responsible method for restriction and prevention of diseases and as a positive lifestyle for unmarried young people.” (§380.1169.1)</p> <p>“...instruction described in this subsection shall include the teaching of abstinence from sex as a responsible method of preventing unwanted pregnancy and sexually transmitted disease and as a positive lifestyle for unmarried young people.” (§380.1507.1)</p>	<p>“...teaching under this section shall stress that abstinence from sex is a responsible and effective method for restriction and prevention of diseases and is a positive lifestyle for unmarried young people.” (§380.1169.1)</p> <p>“...instruction described in this subsection shall stress that abstinence from sex is a responsible and effective method of preventing unplanned or out-of-wedlock pregnancy and sexually transmitted disease and is a positive lifestyle for unmarried young people.” (§380.1507.1)</p> <p>“...shall emphasize that abstinence from sex is a positive lifestyle for unmarried young people because abstinence is the only protection that is 100% effective against unplanned pregnancy, sexually transmitted disease, and sexually transmitted human immunodeficiency virus infection and acquired immunodeficiency syndrome.” (§380.1507b.1)</p>
<b>Risk Reduction Messages</b>	“The principal modes by which dangerous communicable diseases, including, but not limited to, human immunodeficiency virus	“The principal modes by which dangerous communicable diseases, including, but not limited to, human immunodeficiency virus

<b>Topics</b>	<b>Past</b> Prior to PA 165 & 166	<b>Current</b> Including PA 165 & 166
	infection and acquired immunodeficiency syndrome, are spread and the best methods for the restriction and prevention of these diseases shall be taught in every public school in this state.” (§380.1169.1)	<p>infection and acquired immunodeficiency syndrome, are spread and the best methods for the restriction and prevention of these diseases shall be taught in every public school in this state.” (§380.1169.1)</p> <p>“Establish program goals and objectives for pupil knowledge and skills that are likely to reduce the rates of sex, pregnancy, and sexually transmitted diseases. This subdivision does not prohibit a school district from establishing additional program goals and objectives that are not contrary to this section, section 1169, or section 1507b.” (§380.1507.5.a)</p> <p>“This section does not prohibit a public school from offering sex education with behavioral risk reduction strategies, as defined by law, that are not 100% effective against unplanned pregnancy, sexually transmitted disease, and sexually transmitted human immunodeficiency virus infection and acquired immunodeficiency syndrome.” (§380.1507.3)</p>
<b>Additional Required Content (in Addition to Emphasis on Abstinence)</b>	“...includes information clearly informing pupils that having sex or sexual contact with an individual under the age of 16 is a crime punishable by imprisonment, and that 1 of the other results of being convicted of this crime is to be listed on the sex offender registry on the internet for at least 25 years.” (§388.1766a.1.c)	<p>“...includes age-appropriate information clearly informing pupils at 1 or more age-appropriate grade levels that having sex or sexual contact with an individual under the age of 16 is a crime punishable by imprisonment, and that 1 of the other results of being convicted of this crime is to be listed on the sex offender registry on the internet for up to 25 years.” (§388.1766a.1.c)</p> <p>“Material and instruction in the sex education curriculum under section 1507 that discusses sex shall be age-appropriate, shall not be medically inaccurate, and shall do at least all of the following:</p> <ul style="list-style-type: none"> <li>(a) Discuss the benefits of abstaining from sex until marriage and the benefits of ceasing sex if a pupil is sexually active.</li> <li>(b) Include a discussion of the possible emotional, economic, and legal consequences of sex.</li> <li>(c) Stress that unplanned pregnancy and sexually transmitted diseases are serious</li> </ul>
<b>Additional Required Content (in</b>		<p>possibilities of sex that are not fully preventable except by abstinence.</p> <p>(d) Advise pupils of the laws pertaining to their responsibility as parents to children</p>

<b>Topics</b>	<b>Past</b> Prior to PA 165 & 166	<b>Current</b> Including PA 165 & 166
<b>Addition to Emphasis on Abstinence) (cont.)</b>		<p>born in and out of wedlock.</p> <p>(e) Ensure that pupils are not taught in a way that condones the violation of the laws of this state pertaining to sexual activity, including, but not limited to...MCL 750.158, 750.335a, 750.338, 750.338a, 750.338b, and 750.520b to 750.520e [sodomy, indecent exposure, gross indecency, and criminal sexual conduct].</p> <p>(f) Teach pupils how to say "no" to sexual advances and that it is wrong to take advantage of, harass, or exploit another person sexually.</p> <p>(g) Teach refusal skills and encourage pupils to resist pressure to engage in risky behavior.</p> <p>(h) Teach that the pupil has the power to control personal behavior. Pupils shall be taught to base their actions on reasoning, self-discipline, a sense of responsibility, self-control, and ethical considerations such as respect for self and others.</p> <p>(i) Provide instruction on healthy dating relationships and on how to set limits and recognize a dangerous environment.</p> <p>(j) Provide information for pupils about how young parents can learn more about adoption services and about the provisions of the safe delivery of newborns law...MCL 712.1 to 712.20.</p> <p>(k) Include information clearly informing pupils that having sex or sexual contact with an individual under the age of 16 is a crime punishable by imprisonment and that 1 of the other results of being convicted of this crime is to be listed on the sex offender registry on the internet for at least 25 years.</p>
<b>Accuracy of Instruction</b>	The law did not address the accuracy of instruction.	<p>"The superintendent of public instruction...shall provide for the development and distribution to school districts of medically accurate material on the teaching of human immunodeficiency virus infection..." (§380.1169.2)</p> <p>"Material and instruction in the sex education curriculum under section 1507 that discusses sex...shall not be medically inaccurate..." (§380.1507b.2)</p>
<b>Age-Appropriate Instruction</b>	The law did not address the need for age-appropriate instruction.	"Material and instruction in the sex education curriculum under section 1507 that discusses sex shall be age-appropriate...and shall do at least all of the following if age-appropriate:" (§380.1507b.2)

<b>Topics</b>	<b>Past</b> Prior to PA 165 & 166	<b>Current</b> Including PA 165 & 166
		“That the sex education instruction includes age-appropriate information clearly informing pupils at 1 or more age-appropriate grade levels that having sex or sexual contact with an individual under the age of 16 is a crime...” (§388.1766a.1.c)
<b>Family Planning</b>	“A person shall not dispense or otherwise distribute in a public school a family planning drug or device.” (§380.1507.7)	“A person shall not dispense or otherwise distribute in a public school or on public school property a family planning drug or device.” (§380.1507.7)
<b>Pregnancy Options</b>	“Clinical abortion shall not be considered a method of family planning, nor shall abortion be taught as a method of reproductive health.” (§380.1507.8) “As used in subsection (1) and sections 1507 and 1508, ‘reproductive health’ means that state of an individual's well-being which involves the reproductive system and its physiological, psychological, and endocrinological functions.” (§380.1506.2)	“Clinical abortion shall not be considered a method of family planning, nor shall abortion be taught as a method of reproductive health.” (§380.1507.8) “As used in subsection (1) and sections 1507 and 1508, ‘reproductive health’ means that state of an individual's well-being which involves the reproductive system and its physiological, psychological, and endocrinological functions.” (§380.1506.2)  “Provide information for pupils about how young parents can learn more about adoption services and about the provisions of the safe delivery of newborns law....” (§380.1507b.2.j.)
<b>Complaint Process</b>	No complaint process is described in the law.	“(2) If a parent or legal guardian of a pupil enrolled in a district or intermediate district believes that the district or intermediate district has violated this section or section 1169, 1506, or 1507 of the revised school code, MCL 380.1169, 380.1506, and 380.1507, he or she may file a complaint with the superintendent or chief administrator of the district or intermediate district in which the pupil is enrolled. Upon receipt of the complaint, the superintendent or chief administrator of the district or intermediate district shall investigate the complaint and, within 30 days after the date of the complaint, provide a written report of his or her findings to the parent or legal guardian who filed the complaint and to the superintendent of public instruction. If the investigation reveals that 1 or more
<b>Complaint Process (cont.)</b>		violations have occurred, the written report shall contain a description of each violation and of corrective action the district or intermediate district will take to correct the situation to ensure that there is no further violation. The district or intermediate district

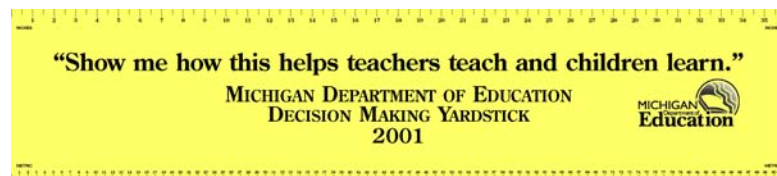
<b>Topics</b>	<b>Past</b> Prior to PA 165 & 166	<b>Current</b> Including PA 165 & 166
		<p>shall take the corrective action described in the written report within 30 days after the date of the written report.</p> <p>(3) If a parent who has filed a complaint with a district under subsection (2) believes that the district is still not in compliance with law... the parent may appeal the findings to the intermediate district in which the district is located. If there is an appeal to an intermediate district under this subsection, the intermediate superintendent of the intermediate district shall investigate the complaint...provide a written report of his or her findings to the parent or legal guardian who filed the appeal and to the superintendent of public instruction. If... violations have occurred, the intermediate superintendent in consultation with the local district shall develop a plan for corrective action....</p> <p>(4) If a parent who has filed a complaint with an intermediate district under subsection (2) or a parent who has filed an appeal with an intermediate district under subsection (3) believes that the district or intermediate district is still not in compliance...the parent may appeal the findings to the department. If there is an appeal..., the department shall investigate the complaint and...provide a written report of its findings.... If the department finds 1 or more violations...(a) The department shall develop a plan for corrective action... The district or intermediate district shall take the corrective action described in the plan within 30 days. (b) In addition to withholding the percentage of state school aid...the department may assess a fee to the district or intermediate district....” (§388.1766a.2, 3, 4)</p>

<b>Penalties</b>	“A district in which a school official, member of a board, or other person dispenses or otherwise distributes a family planning drug or device in a public school..., dispenses prescriptions for any family planning drug, or makes referrals for abortions shall forfeit 5% of its total state aid	“A district in which a school official, member of a board, or other person dispenses or otherwise distributes a family planning drug or device in a public school..., dispenses prescriptions for any family planning drug, or makes referrals for abortions shall forfeit 5% of its total state aid
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<b>Topics</b>	<b>Past</b> Prior to PA 165 & 166	<b>Current</b> Including PA 165 & 166
	appropriation.” (§388.1766)	appropriation.” (§388.1766)  “If an investigation conducted by the department under subsection (4) reveals that a district or intermediate district has committed 1 or more violations of this section or...MCL 380.1169, 380.1506, and 380.1507, the district or intermediate district shall forfeit an amount equal to 1% of its total state school aid...” (§388.1766a.5)
<b>Terminology</b>	<ul style="list-style-type: none"> <li>• Advisory board</li> <li>• Unwanted pregnancy</li> <li>• Class</li> </ul>	<ul style="list-style-type: none"> <li>• Sex education advisory board</li> <li>• Unplanned or out-of-wedlock pregnancy</li> <li>• Class “...includes an assembly or small group presentation.”</li> </ul>

For more information on HIV/STD education in Michigan schools, go to the Michigan Department of Education (MDE) web site, [www.michigan.gov/mde](http://www.michigan.gov/mde), click “K-12 Curriculum”, click “Health Education”, and click “HIV/STD and Sexuality Education”. Questions should be directed to Laurie Bechhofer, MDE Consultant, 517-335-7252, [bechhoferl@Michigan.gov](mailto:bechhoferl@Michigan.gov).

This comparison chart should not be used to replace statute. For the exact language of Michigan Compiled Laws, go to [www.michiganlegislature.org](http://www.michiganlegislature.org). Concerns regarding interpretation should be directed to legal counsel.



# HIV/STD and Sex Education in Michigan Public Schools

## A Summary of Legal Obligations and Best Practices



This chart was revised to reflect the changes in laws affected by Public Acts 165 and 166 of 2004, effective 6/04. Michigan Compiled Laws (MCL) numbers are cited, and a key is included below.

Key to Michigan Compiled Laws Regarding HIV/STD and Sex Education			
MCL No.	Public Act	Last Action	Focus
<a href="#">380.1169</a>	School Code	Amended 6/04	Dangerous communicable diseases; human immunodeficiency virus infection and acquired immunodeficiency virus infection; teacher training; teaching materials; curricula; teaching of abstinence from sex.
<a href="#">380.1506</a>	School Code	Amended 11/77	Program of instruction in reproductive health; supervision; request to excuse pupil from attendance; “reproductive health” defined.
<a href="#">380.1507</a>	School Code	Amended 6/04	Instruction in sex education; instructors, facilities, and equipment; stressing abstinence from sex; elective class; notice to parent or guardian; request to excuse pupil from attendance; qualifications of teacher; sex education advisory board; public hearing; distribution of family planning drug or device prohibited; “family planning,” “class,” and “course” defined.
<a href="#">380.1507a</a>	School Code	Added 7/96	Notice of excuse from class; enrollment.
<a href="#">380.1507b</a>	School Code	Amended 6/04	Sex education and instruction; curriculum requirements.
<a href="#">388.1766</a>	State Aid Act	Amended 7/96	Dispensing or distributing family planning or drug or device, dispensing prescriptions for family planning drug, or making referrals for abortion; forfeiture.
<a href="#">388.1766a</a>	State Aid Act	Added 6/04	Instruction in reproductive health or other sex education; complaint process.

<b>Mandated HIV and Allowed Sex Education</b>	<p>School districts are <b>required</b> to teach about dangerous communicable diseases, including, but not limited to, HIV/AIDS. <i>§380.1169</i> Instruction regarding dangerous communicable diseases, including, but not limited to, HIV/AIDS, must be offered at least <b>once</b> a year <b>at every building level</b> (elementary, middle/junior, senior high).</p> <p>School districts can <b>choose</b> to teach sex education. If they do, they must do so in accordance with those sections of the Michigan Compiled Laws related to sex education and reproductive health. (<i>§380.1506</i>, <i>§380.1507</i>, <i>§380.1507a</i>, <i>§380.1507b</i>, <i>§388.1766</i>, <i>§388.1766a</i>)</p>
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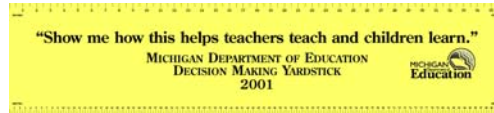
<b>Parental Rights and Exclusion From Instruction</b>	<p>For HIV/AIDS and sex education instruction, parents and/or legal guardians must be notified in advance of:</p> <ul style="list-style-type: none"> <li>• The <b>content</b> of the instruction.</li> <li>• Their <b>right</b> to review materials in advance.</li> <li>• Their <b>right</b> to observe instruction.</li> <li>• Their <b>right</b> to excuse their child without penalty. (§380.1507)</li> </ul> <p>For sex education only, if a parent or legal guardian files a <b>continuing written notice</b> (i.e., a request to have their child permanently excluded from sex education classes), the student shall not be enrolled in the class(es) unless the parent or legal guardian submits a written authorization for that enrollment. (§380.1507a)</p>
<b>Sex Education Advisory Board Membership</b>	<p>Every district that chooses to implement sex education must have a <b>sex education advisory board</b>.</p> <ul style="list-style-type: none"> <li>• The local school board determines the terms of service, the number of members, and a membership selection process that reasonably reflects the school district population.</li> <li>• The advisory board must include: parents of children attending the district's schools, pupils in the district's schools, educators, local clergy, and community health professionals.</li> <li>• At least <b>half of the members must be parents</b> who have a child attending a school operated by the school district. A <b>majority</b> of those parent members <b>must not be employed by a school district</b>.</li> <li>• Members must be given two weeks written or electronic notice of meetings. (§380.1507)</li> </ul>
<b>Sex Education Advisory Board Role</b>	<p>The advisory board is responsible for:</p> <ul style="list-style-type: none"> <li>• <b>Establishing program goals</b> and objectives for pupil knowledge and skills that are likely to reduce the rates of sex, pregnancy, and STDs.</li> <li>• <b>Reviewing and recommending materials and methods</b> to the board, taking into consideration the district's needs, demographics, and trends including, but not limited to, teenage pregnancy rates, STD rates, and incidents of sexual violence and harassment.</li> <li>• <b>Evaluating, measuring, and reporting the attainment of program goals and objectives</b> and making the resulting report available to parents in the district at least once every two years. (§380.1507)</li> </ul>
<b>Advisory Board Chairs</b>	<p><b>Two co-chairs</b> must be appointed by the school board to chair the sex education advisory board, at least <b>one of whom is a parent</b> of a child attending a school operated by the school district. (§380.1507)</p>
<b>Sex Education Supervisor</b>	<p>Every district choosing to have a sex education program must have a <b>sex education supervisor</b>, approved by the Michigan Department of Education, who oversees the program of instruction. (§380.1506, §380.1507)</p>
<b>Required Content Including Emphasis on Abstinence</b>	<p>Instruction in HIV/AIDS and sex education must <b>stress that abstinence</b> from sex is a responsible and effective method of preventing unplanned or out-of-wedlock pregnancy, and that it is the only protection that is 100% effective against unplanned pregnancy, sexually transmitted disease, and sexually transmitted HIV infection and AIDS. (§380.1169, §380.1507, §380.1507b)</p> <p>Instruction in HIV/AIDS must include the principal modes by which dangerous communicable diseases are spread and the <b>best methods for the restriction and prevention</b> of these diseases. (§380.1169)</p> <p>Sex education material discussing sex must be <b>age-appropriate</b>, must <b>not be medically inaccurate</b>, and must do all of the following:</p> <ul style="list-style-type: none"> <li>• Discuss the <b>benefits of abstaining</b> from sex until marriage and the benefits of ceasing sex if a pupil is sexually active.</li> </ul>

	<ul style="list-style-type: none"> <li>• Include a discussion of the possible emotional, economic, and legal <b>consequences</b> of sex.</li> <li>• Stress that unplanned pregnancy and sexually transmitted diseases are <b>serious possibilities of sexual intercourse</b> that are not fully preventable except by abstinence.</li> <li>• Advise pupils of the <b>laws pertaining to their responsibility as parents</b> to children born in and out of wedlock.</li> <li>• <b>Teach pupils how to say "no"</b> to sexual advances and that is wrong to take advantage of, harass, or exploit another person sexually.</li> <li>• Teach <b>refusal skills</b> and encourage pupils to resist pressure to engage in risky behavior.</li> <li>• Teach that the pupil has the <b>power to control personal behavior</b>, and teach pupils to base their actions on reasoning, self-discipline, a sense of responsibility, self-control, and ethical considerations, such as respect for self and others.</li> </ul>
<b>Required Content Including Emphasis on Abstinence (cont.)</b>	<ul style="list-style-type: none"> <li>• Provide instruction on <b>healthy dating relationships</b> and on how to set limits and recognize a dangerous environment.</li> <li>• Provide information for pupils about how young parents can learn more about <b>adoption services</b> and about the provisions of the Safe Delivery of Newborns Law.</li> <li>• Include information clearly informing pupils that <b>having sex or sexual contact with an individual under the age of 16 is a crime</b> punishable by imprisonment and that one of the other results of being convicted of this crime is to be listed on the sex offender registry on the internet for up to 25 years. (§380.1507b)</li> </ul>
<b>Allowed Content Regarding Risk Reduction</b>	<p>School districts must teach about the <b>best methods</b> for the restriction and prevention of dangerous communicable diseases, including, but not limited to HIV/AIDS. (§380.1169)</p> <p><b>Districts are not prohibited</b> from teaching about behavioral risk reduction strategies, including the use of condoms, within their sex education program. (§380.1507)</p>
<b>Prohibited Content or Actions</b>	<p>The age-appropriate sex education material also must ensure that pupils are not taught in a way that <b>condones the violation of laws</b> of this state pertaining to sexuality, including, but not limited to, those relating to sodomy, indecent exposure, gross indecency, and criminal sexual conduct in the first, second, third, and fourth degrees. (§380.1507b)</p> <p>Clinical abortion cannot be considered a method of family planning, <b>nor can abortion be taught as a method of reproductive health</b>. (§380.1507) “Reproductive health” means that state of an individual's well-being which involves the reproductive system and its physiological, psychological, and endocrinological functions. (§380.1506)</p> <p>A person cannot <b>dispense or otherwise distribute a family planning drug or device</b> in a public school or on public school property. (§380.1507)</p>
<b>Definition of Sex Education</b>	<p>Every district choosing to have a sex education program needs to <b>develop or adopt a definition of sex education</b>. The definition determines which content and materials are considered “sex education” and need to go through the approval and parent notification process detailed in §380.1507 and §388.1766a.</p>
<b>Approval Process</b>	<p>Curricula that are used as a part of HIV/STD or sex education instruction <b>offered by a school district</b> must go through the formal approval process, including two public hearings and school board approval. (§380.1169, §380.1507)</p> <p>Curricula, materials, and methods <b>must be approved</b> in advance regardless of the:</p> <ul style="list-style-type: none"> <li>• class in which it is taught (e.g., health class, school-wide assembly, English class);</li> <li>• person providing the instruction (teacher, school nurse, guest speaker);</li> <li>• time of day the instruction is offered (during the school day versus after school); or</li> <li>• place the instruction takes place (within the building versus off the school premises).</li> </ul>

<p><b>Teacher Training</b></p>	<p>Each person who teaches K-12 pupils about HIV/AIDS <b>shall have training in HIV and AIDS</b> education for young people. (§380.1169)</p> <p>Training requirements for teachers of sex education as well as the determination of who is “qualified” to teach sex education are determined by the local school district.</p> <p>Trainings in both HIV/AIDS and sex education/reproductive health are usually offered through the regional ISD or RESA school health coordinator that services that school district. Guest speakers are not required by law to go through these trainings. A trained teacher, however, should always be in the classroom when guest speakers are presenting.</p>
<p><b>Model Curricula</b></p>	<p>Michigan has a model health education curriculum that is used by a majority of school districts in Michigan. In HIV/STD prevention, there are model curricula for <a href="#">grades K-6</a> and <a href="#">grades 7-8</a>. The K-6 lessons include one to two lessons per grade level. The seven-lesson middle school module is “abstinence-only” (i.e., condoms are not discussed as a means of risk reduction). Districts can choose to adopt, adapt, or disregard the model curriculum and implement commercially or locally developed curricula.</p>
<p><b>Complaint Process</b></p>	<p>If a parent or legal guardian of a pupil enrolled in a district or intermediate district (ISD) believes that the district or intermediate district has violated the following sections of Michigan law pertaining to HIV/AIDS instruction or sex education (§380.1169, §380.1506, §380.1507, §388.1766a), the <b>person can file a complaint</b> with the <b>superintendent or chief administrator of the district</b> or ISD in which the pupil is enrolled. The district has 30 days to investigate, provide a written report, and if violations are found, develop a plan for corrective action. The district has an additional 30 days to take corrective action.</p> <p>If the parent is not satisfied with the investigation or findings made by the superintendent, the parent can <b>appeal the findings to the ISD</b> in which the district is located. The ISD has 30 days to investigate, provide a written report, and if violations are found, develop a plan for corrective action. The district has an additional 30 days to take corrective action.</p> <p>If the parent is not satisfied with the investigation or findings made by the ISD superintendent, the parent can <b>appeal the findings to the Michigan Department of Education (MDE)</b>. The MDE has 90 days to investigate, provide a written report, and if violations are found, develop a plan for corrective action. The district has an additional 30 days to take corrective action. (§380.1766)</p>
<p><b>Penalties</b></p>	<p>If an investigation conducted by MDE (see Complaint Process section) reveals that a district or ISD has committed <b>one or more violations</b> of the following sections of the Revised School Code or State School Aid Act (§380.1169, §380.1506, §380.1507, §388.1766a) the district or intermediate district shall <b>forfeit</b> an amount equal to <b>1%</b> of its total state school aid allocation. (§388.1766a)</p> <p>A district in which a school official, member of a board, or other person dispenses or otherwise distributes a family planning drug or device, dispenses prescriptions for any family planning drug, or makes referrals for abortions shall <b>forfeit 5%</b> of its total state aid appropriation. (§388.1766)</p>
<p><b>State Board Policy</b></p>	<p>The Michigan State Board of Education adopted a <a href="#">Policy to Promote Health and Prevent Disease and Pregnancy</a> in September of 2003. The policy recommends that local school boards select, adopt, and implement comprehensive sexuality education programs that are based on sound science and proven principles of instruction. For a copy, go to <a href="http://www.michigan.gov/mde">www.michigan.gov/mde</a>, click “K-12 Curriculum”, click “Health Education”, and click “HIV/STD and Sexuality Education”.</p>

For more information on HIV/STD Education in Michigan Schools, go to the Michigan Department of Education (MDE) web site, [www.michigan.gov/mde](http://www.michigan.gov/mde), click "K-12 Curriculum", click "Health Education", and click "HIV/STD and Sexuality Education". Questions should be directed to Laurie Bechhofer, MDE Consultant, 517-335-7252, [bechhoferl@Michigan.gov](mailto:bechhoferl@Michigan.gov).

This summary should not be used to replace statute. For the exact language of Michigan Compiled Laws, go to [www.michiganlegislature.org](http://www.michiganlegislature.org). Concerns regarding interpretation should be directed to legal counsel.



# Michigan State Board of Education

## Policy to Promote Health and Prevent Disease and Pregnancy

The Michigan State Board of Education recognizes that human immunodeficiency virus (HIV)<sup>1</sup>, other sexually transmitted infections (STIs)<sup>2</sup>, and early pregnancy are serious threats to the current and future health and academic success of Michigan students. Well-planned and implemented comprehensive school health education has been shown to positively influence students' health-related knowledge, skills, and behaviors and contributes to their academic achievement. Schools therefore have a duty, in concert with families and communities, to implement effective sexuality education programs that will help students make responsible decisions during their school years and into their adult lives.

The State Board of Education recommends that local school boards support their school administrators and faculty to select, adopt, and implement comprehensive sexuality education programs that are based on sound science and proven principles of instruction. Such research-based programs will help schools accomplish the teaching and learning goals of the federal *No Child Left Behind Act of 2001* and of Michigan's *Education YES!—A Yardstick for Excellent Schools*. To safeguard their health and the health of others, all students should receive this instruction unless a parent or legal guardian has specifically requested that their child be excused from specified classes or units within the course. Minimally, local school districts' programs must be in compliance with Michigan laws regarding reproductive health education and HIV and other STI prevention programs<sup>3</sup>. Provisions of these laws include a functioning advisory board, curriculum content adopted by the local school board, professional development, preview of program materials, parent notification, and public hearings related to program changes.

Local board policies that support effective sexuality programs should include the following principles and recommendations:

I. Parents/guardians and families are the first and primary sexuality educators of their children. Education programs are more likely to be effective when they are consistent with what most parents want for their children. Parents, schools, and the broader community must work together to provide consistent messages regarding healthy and responsible behavior. **The State Board of Education recommends that local school districts adopt sexuality education programs that are consistent with school and community standards and support positive parent/child communication and guidance. The Board recommends that local school districts conduct**

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<sup>1</sup> HIV is the virus that causes Acquired Immune Deficiency Syndrome (AIDS).

<sup>2</sup> The term *sexuality transmitted infections* (STIs) is used as recommended by the medical profession to replace the previous term *sexuality transmitted diseases* (STDs). Common sexually transmitted infections include chlamydia, gonorrhea, syphilis, hepatitis B, herpes, and human papilloma virus (HPV).

<sup>3</sup> Current statutes related to HIV and sex education instruction in school include Public Act 451 of 1976 and Public Act 94 of 1979, MCL §380.1169, MCL §380.1506, MCL §380.1507, MCL §388.1766, and MCL §388.1766a.

**parent/community surveys to assess attitudes towards sexuality education and help determine what specific topics should be taught and when they should be introduced.**

II. Decisions regarding the specific content of sexuality education programs, as with all curriculum areas, belong primarily at the local school district level. Sound programs of instruction address human development, healthy relationships, communication skills, possible consequences of sexual risk behaviors, influence of alcohol and other drugs on decisions and sexuality within society and culture. Instruction should emphasize that students have the power to control personal behavior and should base their actions on accurate information, values, reasoning, a sense of responsibility, and respect for self and others. Education programs should address the needs of all students: those who have abstained from sexual activity, those who have engaged in sexual activity but are currently abstaining, those who are engaging in sexual activity, and those who will decide to engage in sexual activity in the future. The content should also be consistent with the Michigan Department of Education Health Education Content Standards. **The State Board of Education urges that sexuality education program content be medically accurate and include current information.<sup>4</sup> Abstinence from risky sexual behavior must be stressed as the only certain way to avoid HIV, other STIs, and pregnancy.<sup>5</sup> Given the fact that 43 percent of Michigan high school students reported they have had sexual intercourse<sup>6</sup>, instruction also needs to address methods to reduce risks for HIV, other STIs, and unintended pregnancy.**

III. Our nation's pluralistic society requires an educational system that provides education and supports programs that address the varied needs of highly diverse student populations in nondiscriminatory ways. **The State Board of Education recommends that school districts plan and implement sexuality education programs that are age, developmentally, linguistically, and culturally appropriate. Local school districts should use multiple sources of data regarding student needs, knowledge, and behavior to plan programs that meet the prevention needs of all students, with due attention to those who might be at greater risk for HIV, other STIs, and pregnancy.<sup>7</sup>**

IV. Best practice evidence suggests that an effective sexuality education program is:

- conducted within the context of a broader Coordinated School Health Program;
- initiated early, before students reach the age when they may adopt risky behaviors, and reinforced throughout middle and high school;

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<sup>4</sup> *Medically accurate* means verified or supported by research conducted in compliance with scientific methods and published in peer-review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field.

<sup>5</sup> Use of drugs and alcohol can cloud judgment and increase the likelihood of risky sexual behaviors. HIV can also be transmitted through blood-to-blood contact that may occur with sharing of injection needles. Therefore, a strong abstinence message from both sexual activity and alcohol and other drugs is necessary.

<sup>6</sup> Results are from the 2003 Michigan Youth Risk Behavior Survey.

<sup>7</sup> Researchers have identified certain populations of students who may be at greater risk for these outcomes due to situational or behavioral factors, such as students in special education or alternative education programs, students in high prevalence communities, students who have been sexually abused, and students who identify as gay, lesbian, bisexual, transgender, or who are questioning their sexual orientation.

- c. focused on the risk behaviors that are most likely to result in HIV infection, other sexually transmitted infections, and unintended pregnancy;
- d. centered on a positive, healthy definition of sexual health rather than one that focuses only on avoiding negative outcomes;
- e. based on proven theories of behavior change, with an emphasis on instructional methods that foster functional knowledge and develop prevention skills within environments that reinforce the knowledge and skills taught;
- f. of sufficient duration for students to acquire the knowledge and skills needed to adopt healthy behaviors<sup>8</sup>;
- g. implemented with consistency as approved; and
- h. delivered by trained staff who are comfortable with the subject matter and supportive of the program.

**The State Board of Education recommends that school districts plan, adopt, and implement sexuality education programs that are research based and consistent with principles of effective instruction.**

V. Successful sexuality instruction is best provided by well-trained and supported school staff members who demonstrate:

- a. sound knowledge of content and the ability to access and evaluate reliable sources for obtaining additional information;
- b. skill in using a variety of teaching strategies, engaging educational methods, and performance-based student assessment;
- c. the ability to communicate with and involve parents and guardians;
- d. the ability to utilize trained community agency staff to enhance, but not replace, the instructional program;
- e. the ability to work with appropriate school staff to link students to adolescent health services as necessary<sup>9</sup>;
- f. skill in planning and evaluating curricula; and
- g. skill in working effectively with others within the school and community.

**The State Board of Education recommends that school districts support on-going professional development for designated school staff in effective sexuality instruction.<sup>10</sup>**

VI. Adoption of sexuality education materials and methods should be well documented. The program should be revised regularly based on evaluation results, changes in research, and feedback from students, parents/guardians, and teachers. Evaluation information should indicate what students have learned and were able to apply, whether the program was workable for the teachers, and how the program could be improved. **The State**

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<sup>8</sup> Effective instruction is seldom a single event such as a video, an assembly or a special event. In isolation these strategies have not proven to change behavior. Dr. Doug Kirby in *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy* (2001) identified the most effective school-based programs as those that lasted fourteen or more hours.

<sup>9</sup> Such services may include but are not limited to school-based health services, and HIV and STI counseling, testing and referral services.

<sup>10</sup> Professional development for sexuality education is provided through local or intermediate school district workshops, as well as state and national conferences. MCL §380.1169 already requires training for those who teach K-12 pupils about HIV and AIDS, with an exception for licensed health care professionals who have received training on HIV and AIDS.

**Board of Education recommends that the local advisory board<sup>11</sup> meet at least semi-annually to review program progress and make any necessary recommendations to the local school board.**

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<sup>11</sup> The local advisory board is the body designated in MCL §380.1507 to review materials and make recommendations to the local school board regarding sex education programs. Minimally, it must include parents of students in the district, students, educators, local clergy, and community health professionals.

# Michigan State Board of Education

## Policy to Promote Health and Prevent Disease and Pregnancy

### Resources

1. Details regarding the *No Child Left Behind Act of 2001* and *Education YES!* can be accessed at [www.nochildleftbehind.gov](http://www.nochildleftbehind.gov) and on the accountability page of the Michigan Department of Education website [www.michigan.gov/mde/0,1607,7-140-22709---,00.html](http://www.michigan.gov/mde/0,1607,7-140-22709---,00.html)
2. Numerous studies support the links between comprehensive school health education, knowledge, skills, behaviors, and student achievement.
  - Connell, D., Turner, R., & Mason, E. (1985). Summary of findings of the school health education evaluation: Health promotion effectiveness, implementation, and costs. *Journal of School Health*, 55(8), 316-321.
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3. Information regarding HIV and Sex Education in Michigan schools can be accessed at [www.emc.cmich.edu](http://www.emc.cmich.edu). The site includes information on topics including the law, communicable disease policies and guidelines, implementing school based programs, and parent involvement and resources.
4. Michigan laws including those affecting schools can be accessed through the Michigan Legislature website at [www.michiganlegislature.org](http://www.michiganlegislature.org). A compilation of Michigan laws regarding sex education, HIV education, health education, and physical education as of September 2003 can be found at [www.emc.cmich.edu/hiv/schoolcode.htm](http://www.emc.cmich.edu/hiv/schoolcode.htm).
5. A sample Parent/Community Sex Education survey developed by the Michigan Department of Education can be accessed at <http://www.emc.cmich.edu/hiv/Guide/images/AppendixA.pdf>
6. Michigan's Health Education Content Standards include core concepts and the skills of accessing information, self-management, analyzing internal and external influences, decision-making and goal-setting, interpersonal communication, and advocacy and can be accessed on the web at [http://www.michigan.gov/documents/Health\\_Standards\\_15052\\_7.pdf](http://www.michigan.gov/documents/Health_Standards_15052_7.pdf).
7. Michigan Youth Risk Behavior Survey data can be accessed at <http://www.emc.cmich.edu/YRBS>.

8. State Collaborative on Assessment and Student Standards-Health Education Project materials are available from school health staff within the Michigan Department of Education, Office of School Excellence.